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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/533,108
	Confirmation Number	
	Filing Date	with an effective filing date of October 16, 2003
	First Named Inventor	Josef WEILAND
	Group Art Unit	3723
	Examiner Name	Bryan R. MULLER
Total No. of Pages in this Submission: 28	Attorney Docket Number	LORWER P37AUS

**ENCLOSURES (check all that apply)**

<ul style="list-style-type: none"> <li>■ Fee Transmittal Form           <ul style="list-style-type: none"> <li>■ Fee attached - Check \$365.00</li> </ul> </li> <li>■ Response           <ul style="list-style-type: none"> <li>□ After Final</li> <li>□ Affidavits/declaration(s)</li> </ul> </li> <li>■ Extension of Time Request <i>(in Duplicate)</i> <ul style="list-style-type: none"> <li>□ Express Abandonment Request</li> <li>□ Information Disclosure Stmt</li> <li>□ Certified Copy of Priority Document(s)</li> <li>□ Response to Missing Part/s Incomplete Application               <ul style="list-style-type: none"> <li>□ Response to Missing Parts under 37 CFR 1.52 or 1.53</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Assignment papers <i>(for an Application)</i></li> <li><input type="checkbox"/> Drawing(s)</li> <li><input type="checkbox"/> Licensing-related Papers</li> <li><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <i>(DELETED - no longer useful)</i></li> <li><input type="checkbox"/> To Convert a Provisional Petition</li> <li><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</li> <li><input type="checkbox"/> Terminal Disclaimer</li> <li><input type="checkbox"/> Small Entity Statement</li> <li><input type="checkbox"/> Request for Refund</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> After Allowance Communication to Group</li> <li><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</li> <li><input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i></li> <li><input type="checkbox"/> Proprietary Information</li> <li><input type="checkbox"/> Status Letter</li> <li>■ Additional Enclosure(s) <i>(please identify below):</i></li> </ul> <p>Postcard</p>
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**REMARKS****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Scott A. Daniels DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 42,462 <b>CUSTOMER NO. 020210</b>
Signature		
Date	October 2, 2008	

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on October 2, 2008.

Signature		Date: October 2, 2008 (amp)
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Effective on 12/08/2004.  
Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## Fee Transmittal For FY 2008

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT: \$ 365.00

### Complete if Known

Application No.	10/533,108
Filing Date	with an effective filing date of October 16, 2003
First Named Inventor	Josef WEILAND
Examiner Name	Bryan R. MULLER
Art Unit	3723
Attorney Docket No.	LORWER P37AUS

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (4)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50
Each independent claim over 3 (including Reissues)	210
Multiple dependent claims	370

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
38	-20 or HP = 8	x \$25	\$200.00	Fee (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	No. of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/ 50 =	(round up to a whole number) x	=	

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) \_\_\_\_\_

Other (e.g., late filing surcharge): Petition for One Month Extension of term \_\_\_\_\_ \$60.00

### SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Scott A. Daniels	Registration No. (Atty/Agent) 42,462
		Date: October 2, 2008

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 <b>Effective on 12/08/2004.</b> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		<b>Complete if Known</b>	
<b>OCT 06 2008 FEE TRANSMITTAL</b> <b>For FY 2008</b>		Application No. Filing Date	10/533,108 with an effective filing date of October 16, 2003
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor Examiner Name Art Unit	Josef WEILAND Bryan R. MULLER 3723
<b>TOTAL AMOUNT OF PAYMENT: \$ 365.00</b>		Attorney Docket No.	<b>LORWER P37AUS</b>

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account 04-0213 Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (4)</u>	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

<u>Small Entity Fee (\$)</u>
50

Each independent claim over 3 (including Reissues)

210

105

Multiple dependent claims

370

185

Total Claims38 -20 or HP =Extra Claims8Fee (\$)\$25Fee Paid (\$)\$200.00Multiple Dependent ClaimsFee (\$)Fee Paid (\$)Indep. Claims5 -3 or HP +Extra Claims1Fee (\$)\$105.00Fee Paid (\$)\$105.00

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<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>No. of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>-100 =</u>	<u>/ 50 =</u>	<u>(round up to a whole number) x</u>	<u>=</u>	<u></u>

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Fees Paid (\$)

Other (e.g., late filing surcharge): Petition for One Month Extension of term

\$60.00**SUBMITTED BY**

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Name (Print/Type)	Scott A. Daniels	Registration No. (Atty/Agent) 42,462
		Date: October 2, 2008